

	Application Number	10/630,595
	Filing Date	July 29, 2003
	First Named Inventor	Yagawa, Yuichi
	Art Unit	2168
	Examiner Name	Mahesh H. Dwivedi
	Attorney Docket Number	16869B-064300US
Total Number of Pages in This Submission		24

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Chun-Pok Leung	
Date	June 26, 2006	Reg. No. 41,405

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Joy Salvador	Date	June 26, 2006

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4218)

FEE TRANSMITTAL

For FY 2006

JUN 29 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

Complete if Known

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 Examiner Name Mahesh H. Dwivedi
 Art Unit 2168
 Attorney Docket No. 16869B-064300US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Small Entity
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
-20 or HP = _____ x _____ = _____		
Indep. Claims	Extra Claims	Fee (\$)
-3 or HP = _____ x _____ = _____		
	Multiple Dependent Claims	Fee (\$)
	Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims -3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____
 Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Suppl. Information Disclosure Stmt

Fees Paid (\$)

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 41,405	Telephone 650-326-2400
Name (Print/Type)	Chun-Pok Leung		Date June 26, 2006